

PTO/SB/97 (08-03)

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ATTACHED: - FEE TRANSMITTAL (PTO/SB/17), in duplicate;  
PETITION FOR 3 MONTH EXTENSION (PTO/SB/22),  
in duplicate; and  
RESPONSE (10 pages).

Serial No.: 10/580,807

Examiner: David Lee Lewis

Art Unit: 2629

Docket No.: PU030306

**TOTAL NUMBER OF PAGES INCLUDING THIS SHEET: 15**

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
for FY 2007☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) **1110.00****Complete if Known**

Application Number	10/580,807
Filing Date	May 25, 2006
First Named Inventor	Angela Renee Burnett
Examiner Name	David Lee Lewis
Art Unit	2629
Attorney Docket No.	PU030306

**METHOD OF PAYMENT (check all that apply)** **CUSTOMER NUMBER: 24498**☐ Check ☐ Credit card ☐ Money Order☐ None ☐ Other (please identify):☒ Deposit Account: Deposit Account Number **07-0832**Deposit Account Name: **THOMSON LICENSING LLC**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

**Total Claims**

- or HP =

**Extra Claims****Fee (\$)****Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

**Independent Claims**

- or HP =

**Extra Claims****Fee (\$)****Fee Paid (\$)**

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**

- 100 =

**Extra Sheets**

/ 50 =

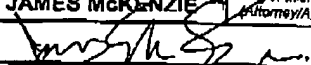
**Number of each additional 50 or fraction thereof**

(round up to a whole number) x

**Fee (\$)****Fee Paid (\$)****4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): **FEE FOR THREE MONTH EXTENSION - \$1110.00****Fees Paid (\$)****\$1110.00****SUBMITTED BY**

Name (Print/Type)	JAMES MCKENZIE	Registration No. Attorney/Agent	51,146	Telephone	(609) 734-6866
Signature					September 18, 2009

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**FEE TRANSMITTAL**  
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Complete if Known

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Examiner Name	David Lee Lewis
Art Unit	2629
Attorney Docket No.	PU030306

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Deposit Account Name:

THOMSON LICENSING LLC

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☒ Charge fee(s) indicated below☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☐ Charge fee(s) indicated below, except for the filing fee☒ Credit any overpayments

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

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Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
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Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- or HP =

x

\$50

= \$

HP = highest number of total claims paid for, if greater than 20.

Independent Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- or HP =

0

x

\$200

= 0

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): FEE FOR THREE MONTH EXTENSION - \$1110.00

Fees Paid (\$)

\$1110.00

SUBMITTED BY

Name (Print/Type)	JAMES MCKENZIE	Registration No. (Attorney/Agent)	51,146	Telephone	(609) 734-6886
Signature	September 18, 2009				

This collection of information is required by 37 CFR 1.120. The information is required to obtain or maintain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 20 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. This will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1480. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480. If you need assistance in completing the form, call 1-800-PTO-2199 and select option 2.